

# The ultimate objective test: sleep laboratory proof of effectiveness... now in geriatric insomnia patients

Six female insomniacs, ranging in age from 67 to 82 years, received Dalmane (flurazepam HCl) for seven consecutive nights in the sleep research laboratory.<sup>1</sup> Improvement over pre-treatment baseline levels was significant for sleep induction and sleep maintenance ( $p < .05$ ). And the greater the sleep problem in these patients, the better the effect with Dalmane (significant correlation at  $p < .01$  level).



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# When choosing a diuretic for day-in-day-out hypertension control with comfortable compliance...

The agent you choose in mild to moderate essential hypertension should offer (1) long-term effectiveness, (2) patient comfort and compliance.

## **Zaroxolyn offers both.**

In one long-term study<sup>1</sup> Zaroxolyn brought moderately elevated (average 161/109 mm Hg) blood pressure down to the range of normotension—and held it there for a year or more.

The investigator noted, "Patient cooperation was surprisingly good for a study of such duration [2½ years]. The once-daily dosage schedule with metolazone [Zaroxolyn] no doubt contributed to patient compliance."

Overall compliance with Zaroxolyn is good—very good. An analysis of controlled clinical studies involving 188 Zaroxolyn patients showed that only eight discontinued therapy because of side effects. That's a discontinuation rate of only 4.3%, and broader clinical experience appears to substantiate this low rate.<sup>2</sup>

Zaroxolyn. For long-term control and comfortable compliance in mild to moderate hypertension.

**Recommended initial dosage in mild to moderate essential hypertension—2½ to 5 mg once daily**

# **Zaroxolyn<sup>®</sup>**

**(metolazone, Pennwalt)**

2½-mg, 5-mg and 10-mg tablets

**once-daily antihypertensive diuretic**

*Please see adjoining page for prescribing information.*

## Zaroxolyn®

(metolazone, Pennwalt)

Before prescribing, see complete prescribing information in the package insert, or in PDR, or available from your Pennwalt representative. The following is a brief summary. **Indications:** Zaroxolyn (metolazone) is an antihypertensive diuretic indicated for the management of mild to moderate essential hypertension as sole therapeutic agent and in the more severe forms of hypertension in conjunction with other antihypertensive agents. Also, edema associated with heart failure and renal disease. **Contraindications:** Anuria, hepatic coma or precoma; allergy or sensitivity to Zaroxolyn. Or, as a routine in otherwise healthy pregnant women. **Warnings:** In theory cross-allergy may occur in patients allergic to sulfonamide-derived drugs, thiazides or quinethazone. Hypokalemia may occur, and is a particular hazard in digitalized patients. dangerous or fatal arrhythmias may occur. Azotemia and hyperuricemia may be noted or precipitated. Considerable potentiation may occur when given concurrently with furosemide. When used concurrently with other antihypertensives, the dosage of the other agents should be reduced. Use with potassium-sparing diuretics may cause potassium retention and hyperkalemia. Administration to women of childbearing age requires that potential benefits be weighed against possible hazards to the fetus. Zaroxolyn appears in the breast milk. Not for pediatric use. **Precautions:** Perform periodic examination of serum electrolytes, BUN, uric acid, and glucose. Observe patients for signs of fluid or electrolyte imbalance. These determinations are particularly important when there is excessive vomiting or diarrhea, or when parenteral fluids are administered. Patients treated with diuretics or corticosteroids are susceptible to potassium depletion. Caution should be observed when administering to patients with gout or hyperuricemia or those with severely impaired renal function. Hyperglycemia and glycosuria may occur in latent diabetes. Chloride deficit and hypochloremic alkalosis may occur. Orthostatic hypotension may occur. Dilutional hyponatremia may occur in edematous patients in hot weather. **Adverse Reactions:** Constipation, nausea, vomiting, anorexia, diarrhea, bloating, epigastric distress, intrahepatic cholestatic jaundice, hepatitis, syncope, dizziness, drowsiness, vertigo, headache, orthostatic hypotension, excessive volume depletion, hemoconcentration, venous thrombosis, palpitation, chest pain, leukopenia, urticaria, other skin rashes, dryness of mouth, hypokalemia, hyponatremia, hypochloremia, hypochloremic alkalosis, hyperuricemia, hyperglycemia, glycosuria, raised BUN or creatinine, fatigue, muscle cramps or spasm, weakness, restlessness, chills, and acute gouty attacks. **Usual Initial Once-Daily Dosages:** mild to moderate essential hypertension—2½ to 5 mg; edema of cardiac failure—5 to 10 mg; edema of renal disease—5 to 20 mg. Dosage adjustment may be necessary during the course of therapy. **How Supplied:** Tablets, 2½, 5 and 10 mg.

### References:

1. Dornfeld L, Kane R: Metolazone in essential hypertension. The long-term clinical efficacy of a new diuretic. *Curr Ther Res* 18: 527-533, 1975.
2. Data on file, Medical Department, Pennwalt Prescription Products.



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**FACULTY FOR EMERGENCY MEDICINE RESIDENCY PROGRAM**, university affiliated teaching hospital. Board Certified in Surgery, Internal Medicine or recent graduate-approved residency in Emergency Medicine. Salary competitive; malpractice insurance paid. California license necessary. Send curriculum vitae and names of three references to: William G. Malette, MD, Kern Medical Center, 1830 Flower Street, Bakersfield, CA 93305. Telephone (805) 323-7651, extension 346.

**FAMILY PRACTICE RESIDENCY (FP, FP-)** positions available in new program at Santa Ana-Tustin Community Hospital, a new 299 bed facility; program affiliated with University of California, Irvine, School of Medicine, Department of Family Practice; applications from qualified candidates are welcome; minorities and women are encouraged to apply. For application and information write to: Ann K. Kershner, MD, Director of Medical Education, Santa Ana-Tustin Community Hospital, 1001 North Tustin Avenue, Santa Ana, CA 92705.

**SANTA ANA-TUSTIN COMMUNITY HOSPITAL**, in cooperation with the College of Medicine of the University of California, Irvine, is recruiting a Director for the Family Practice Residency Program. The program is affiliated with the College of Medicine; Director will hold position there in the Department of Family Medicine, at the Assistant or Associate Professor level. Board certification or qualification required. Duties to include inpatient attending rounds and supervision and teaching in adjacent ambulatory center. Applications from qualified candidates are welcome; minorities and women are encouraged to apply. Send C.V. and names and addresses of three references to Ann K. Kershner, MD, Director of Medical Education, Santa Ana-Tustin Community Hospital, 1001 N. Tustin Ave., Santa Ana, CA 92705.

**URGENTLY NEEDED—FP, Ophth., Urol., ENT, Orth., OB.** Beautiful town in N.E. Miss., with large drawing area. On Pickwick Lake and Tombigbee Waterway. Fully equipped hospital. Full-time E. R. coverage. Call collect (801) 423-8014 for Dr. Kelly Segars.

**PRIMARY CARE PHYSICIANS NEEDED** in Alaska, Idaho, Oregon and Washington. Positions available in Migrant clinics, Community health centers, and other programs in medically underserved areas. Nonprofit organization is coordinating recruitment under federal grant. For information contact: The Clearinghouse, 1370 Stewart St., Seattle, WA 98109, (206) 682-3780.

**EVERGREEN STATE NEEDS PRIMARY CARE**—Physicians needed in Washington State for group, associate and solo practices. Opportunities exist in rural and urban communities. Nonprofit organization is coordinating recruitment for the state. Contact: The Clearinghouse, 1370 Stewart Street, Rm 210, Seattle, WA 98109, (206) 682-3780.

### PHYSICIANS WANTED

**STOCKTON-SAN JOAQUIN COUNTY.** 260-bed teaching hospital in need of Board eligible/certified radiologist. Individual or group association available. Salary open based on experience and qualifications. Malpractice provided by hospital. Located in San Joaquin Valley, east of San Francisco Bay Area. Send C.V. or inquiries to: Michael N. Smith, Director, San Joaquin General Hospital, P.O. Box 1020, Stockton, CA 95201.

**DAVIS-YOLO COUNTY:** 4 person family practice group seeking new associate. All MD's Board-certified, in an attractive medical complex, vacation and post-grad leave. Retirement plan. Community hospital accredited in a university town with a medical school. Atmosphere rural suburban. Salary first year, insurance paid. Contact: J. Thomas Wilkes, MD, Davis Medical Group, 635 Anderson Road, Suite 10, Davis, CA 95616 or phone (916) 753-3346.

(Continued on Page 10)

### INTERNIST—MEDICAL DIRECTOR

Internist sought for full time academic position to serve as Medical Director of home care program and consultant in comprehensive medical clinic within the division of ambulatory and community medicine UCSF. Applicants should have experience in undergraduate teaching and interest in the management of chronic illness in ambulatory and homebound patients. Applicants must be certified in internal medicine and licensed in the State of California.

This position is at the assistant professor level and is available 1 July 1977. UCSF is an Equal Opportunity/Affirmative Action employer. Women and minorities are encouraged to apply. Address inquiries with C.V. to:

John J. Deller, MD, Chairman of Search Committee, Division of Ambulatory and Community Medicine, University of California, San Francisco A-405, before 31 January 1977.

### PLASTIC SURGEON

Very nice Southeastern city now in need of a plastic surgeon. The location is Columbus, Georgia. This is an excellent practice opportunity! For further information send C.V. to: Paul J. Holley, General Care Corp., 6213 Charlotte Ave., Nashville, Tenn. 37208

## PHYSICIANS WANTED

**OPHTHALMOLOGIST**—Surgeon to join eye group. Prefer general ophthalmologist with sub-specialty (not retina or plastics). Central California University town. Qualified retirement plan, and other corporate benefits. Send résumé to Box 9485, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

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**INTERNIST AND GENERAL PRACTITIONER**: small, well established medical group in San Fernando Valley needs help to service expanding practice. Potential for early partnership. New clinic building with room for expansion. Contact R. C. Hurn, Administrator: 9528 Van Nuys Blvd., Panorama City, CA 91402, telephone (213) 893-8781.

**EXCELLENT OPPORTUNITY** for qualified, ambitious Family Practitioner. Full or part-time associate needed for long established private practice in South Bay area of Los Angeles. Participate on percentage basis. Excellent climate, schools, recreation. (213) 373-7369, L. Valkenburg, Bus. Mgr.

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**INTERNIST** (U.S. Medical School Graduate, Board eligible or Certified) for primary care, with cardiology emphasis, to join young progressive innovative group (Cardiology-2, Endocrinology, Hematology-Oncology) in moderate size California community near central coast. Corporate benefits. Respond with Curriculum Vitae and photograph to Box #9502, Western Journal of Medicine, 731 Market St., S.F., CA 94103.

**CARDIOLOGIST OR INTERNIST** experienced in ECG interpretation for modern new preventive and rehabilitative medicine clinic with a medically supervised exercise facility in Denver, Colorado and Newport Beach, California. Will practice non-invasive cardiology to include: physical examinations, consultations, treadmill stress testing, cardiac rehabilitation class, supervision, and diet analysis. No in-patients, no crisis medicine, 5 days—no nights or weekends. Salary to \$45,000 or negotiable with a percentage of profits. Malpractice Insurance and company benefits provided. Write Box No. 9503, Western Journal of Medicine, 731 Market St., S.F., CA 94103.

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**ORTHOPEDIC SURGEON**: Board eligible or certified. Small group practice. Excellent Southern California location. For further information, please call E. Quinn, (714) 838-4744.

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**GENERAL PRACTITIONER** wanted, MD or DO, Chinese preferable. Medical Clinic in Sunset area of S.F. Inquire at (415) 664-2248. Dr. Carmody.

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**WANTED RADIOLOGIST**, Rocky Mountain Region, Board Certified or Eligible, to join solo radiologist. Prefer recent graduate University Program. Reply to Box 9504, Western Journal of Medicine, 731 Market St., S.F., CA 94103.

**FAMILY PRACTITIONER** needed to replace retiring member of Six man Medical Corporation. Small metropolitan area. Very friendly with close proximity to big cities and beaches. Local City College and 4 year College with all social amenities and sport. 4½ day week, prepaid malpractice, on call shared by all in group. Competitive salary 1st year—full corporate stock holdership after 1st year. Full Corporate benefits immediately. Write: B. R. Ericsson, MD, Manor Medical Group, Inc., 223 China Grade Loop, Bakersfield, CA 93308.

## SITUATIONS WANTED

**GENERAL SURGEON**, 54 years of age, experienced in chest and peripheral vascular surgery, wishes to return to rural living. Pacific Coast States preferred. All replies considered and answered. Write Box 9492, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

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**EMERGENCY ROOM POSITION WANTED**, medium or large hosp. in Rocky Mountain states, middle aged, ambitious. Experienced in trauma, orthopedics; university trained, diplomate—Natl. Boards. Box No. 9507, Western Journal of Medicine, 731 Market St., S.F., CA 94103.

**INTERNIST, ABIM, AOA**, insurance background. Seeks administrative position in San Francisco. Write Box No. 9505, Western Journal of Medicine, 731 Market St., S.F., CA 94103.

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antihypertensive therapy

to lower  
blood pressure  
effectively...



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existing  
cardiac  
output

in hypertension

TABLETS: 250 mg, 500 mg, and 125 mg

## **ALDOMET<sup>®</sup>** (METHYLDOPA | MSD)

helps lower blood pressure effectively...

usually with no direct effect on  
cardiac function—cardiac output  
is usually maintained

ALDOMET is contraindicated in active hepatic disease, hypersensitivity to the drug, and if previous methyldopa therapy has been associated with liver disorders.

It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. For more details see the brief summary of prescribing information.

For a brief summary of prescribing information, please see following page.

**MSD**  
MERCK  
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in hypertension

# ALDOMET® (METHYLDOPA/MSD)

helps lower  
blood pressure  
effectively...  
usually with no  
direct effect on  
cardiac function—  
cardiac output is  
usually maintained

**Contraindications:** Active hepatic disease, such as acute hepatitis and active cirrhosis; if previous methyldopa therapy has been associated with liver disorders (see Warnings); hypersensitivity.

**Warnings:** It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. Read this section carefully to understand these reactions.

With prolonged methyldopa therapy, 10% to 20% of patients develop a positive direct Coombs test, usually between 6 and 12 months of therapy. Lowest incidence is at daily dosage of 1 g or less. This on rare occasions may be associated with hemolytic anemia, which could lead to potentially fatal complications. One cannot predict which patients with a positive direct Coombs test may develop hemolytic anemia. Prior existence or development of a positive direct Coombs test is not in itself a contraindication to use of methyldopa. If a positive Coombs test develops during methyldopa therapy, determine whether hemolytic anemia exists and whether the positive Coombs test may be a problem. For example, in addition to a positive direct Coombs test there is less often a positive indirect Coombs test which may interfere with cross matching of blood.

At the start of methyldopa therapy, it is desirable to do a blood count (hematocrit, hemoglobin, or red cell count) for a baseline or to establish whether there is anemia. Periodic blood counts should be done during therapy to detect hemolytic anemia. It may be useful to do a direct Coombs test before therapy and at 6 and 12 months after the start of therapy. If Coombs-positive hemolytic anemia occurs, the cause may be methyldopa and the drug should be discontinued. Usually the anemia remits promptly. If not, corticosteroids may be given and other causes of anemia should be considered. If the hemolytic anemia is related to methyldopa, the drug should not be reinstituted. When methyldopa causes Coombs positivity alone or with hemolytic anemia, the red cell is usually coated with gamma globulin of the IgG (gamma G) class only. The positive Coombs test may not revert to normal until weeks to months after methyldopa is stopped.

Should the need for transfusion arise in a patient receiving methyldopa, both a direct and an indirect Coombs test should be performed on his blood. In the absence of hemolytic anemia, usually only the direct Coombs test will be positive. A positive direct Coombs test alone will not interfere with typing or

cross matching. If the indirect Coombs test is also positive, problems may arise in the major cross match and the assistance of a hematologist or transfusion expert will be needed.

Fever has occurred within first 3 weeks of therapy, sometimes with eosinophilia or abnormalities in liver function tests, such as serum alkaline phosphatase, serum transaminases (SGOT, SGPT), bilirubin, cephalin cholesterol flocculation, prothrombin time, and bromsulphalein retention. Jaundice, with or without fever, may occur, with onset usually in the first 2 to 3 months of therapy. In some patients the findings are consistent with those of cholestasis. Rarely fatal hepatic necrosis has been reported. These hepatic changes may represent hypersensitivity reactions; periodic determination of hepatic function should be done particularly during the first 6 to 12 weeks of therapy or whenever an unexplained fever occurs. If fever and abnormalities in liver function tests or jaundice appear, stop therapy with methyldopa. If caused by methyldopa, the temperature and abnormalities in liver function characteristically have reverted to normal when the drug was discontinued. Methyldopa should not be reinstituted in such patients.

Rarely, a reversible reduction of the white blood cell count with primary effect on granulocytes has been seen. Reversible thrombocytopenia has occurred rarely. When used with other antihypertensive drugs, potentiation of antihypertensive effect may occur. Patients should be followed carefully to detect side reactions or unusual manifestations of drug idiosyncrasy.

**Use in Pregnancy:** Use of any drug in women who are or may become pregnant requires that anticipated benefits be weighed against possible risks; possibility of fetal injury can not be excluded.

**Precautions:** Should be used with caution in patients with history of previous liver disease or dysfunction (see Warnings). May interfere with measurement of: uric acid by the phosphotungstate method, creatinine by the alkaline picrate method, and SGOT by colorimetric methods. Since methyldopa causes fluorescence in urine samples at the same wavelengths as catecholamines, falsely high levels of urinary catecholamines may be reported. This will interfere with the diagnosis of pheochromocytoma. It is important to recognize this phenomenon before a patient with a possible pheochromocytoma is subjected to surgery. Methyldopa is not recommended for patients with pheochromocytoma. Urine exposed to air after voiding may darken because of breakdown of methyldopa or its metabolites.

Stop drug if involuntary choreoathetotic movements occur in patients with severe bilateral cerebrovascular disease. Patients may require reduced doses of anesthetics; hypotension occurring during anesthesia usually can be controlled with vasopressors. Hypertension has recurred after dialysis in patients on methyldopa because the drug is removed by this procedure.

**Adverse Reactions: Central nervous system:** Sedation, headache, asthenia or weakness, usually early and transient; dizziness, lightheadedness, symptoms of cerebrovascular insufficiency, paresthesias, parkinsonism, Bell's palsy, decreased mental acuity, involuntary choreoathetotic movements; psychic disturbances, including nightmares and reversible mild psychoses or depression.

**Cardiovascular:** Bradycardia, aggravation of angina pectoris. Orthostatic hypotension (decrease daily dosage). Edema (and weight gain) usually relieved by use of a diuretic. (Discontinue methyldopa if edema progresses or signs of heart failure appear.)

**Gastrointestinal:** Nausea, vomiting, distention, constipation, flatulence, diarrhea, mild dryness of mouth, sore or "black" tongue, pancreatitis, sialadenitis.

**Hepatic:** Abnormal liver function tests, jaundice, liver disorders.

**Hematologic:** Positive Coombs test, hemolytic anemia. Leukopenia, granulocytopenia, thrombocytopenia.

**Allergic:** Drug-related fever, myocarditis.

**Other:** Nasal stuffiness, rise in BUN, breast enlargement, gynecomastia, lactation, impotence, decreased libido, dermatologic reactions including eczema and lichenoid eruptions, mild arthralgia, myalgia.

**Note:** Initial adult dosage should be limited to 500 mg daily when given with antihypertensives other than thiazides. Tolerance may occur, usually between second and third month of therapy; increased dosage or adding a thiazide frequently restores effective control. Patients with impaired renal function may respond to smaller doses. Syncope in older patients may be related to increased sensitivity and advanced arteriosclerotic vascular disease; this may be avoided by lower doses.

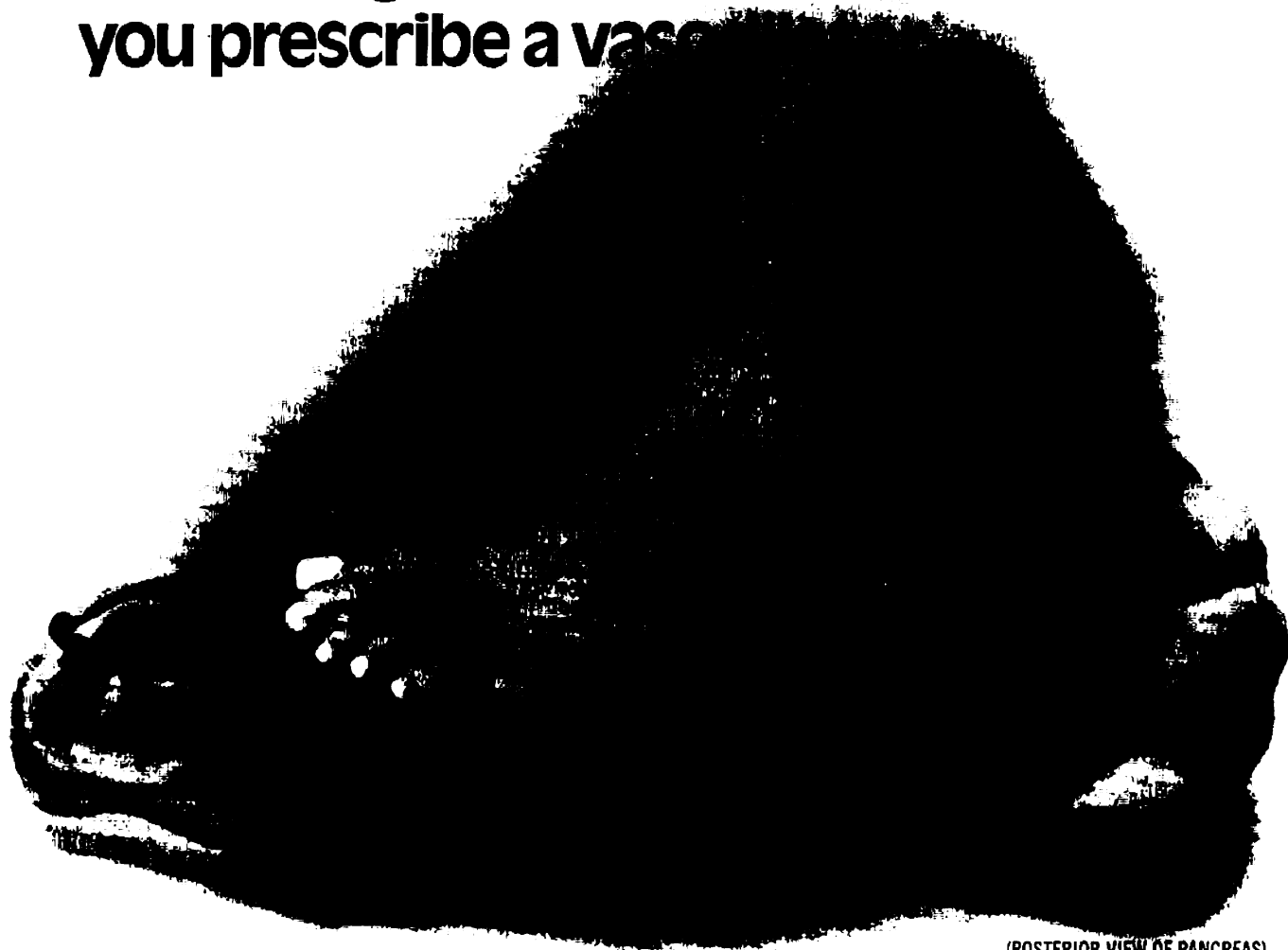
**How Supplied:** Tablets, containing 125 mg methyldopa each, in bottles of 100; Tablets, containing 250 mg methyldopa each, in single-unit packages of 100 and bottles of 100 and 1000; Tablets, containing 500 mg methyldopa each, in single-unit packages of 100 and bottles of 100.

**For more detailed information, consult your MSD representative or see full prescribing information. Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, Pa. 19486**

J6AM07 (707)

**MSD MERCK SHARP & DOHME**

consider the effect on  
coexisting diabetes when  
you prescribe a vasodilator



(POSTERIOR VIEW OF PANCREAS)

no interference in the management of the  
diabetic patient has been reported with

# VASODILAN<sup>®</sup>

(ISOXSUPRINE HCl)

TABLETS, 20 mg.

the compatible vasodilator

**Mead Johnson** LABORATORIES

© 1976 MEAD JOHNSON & COMPANY • EVANSVILLE, INDIANA 47721 U.S.A. MJL-54117

**\*Indications:** Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, the FDA has classified the indications as follows:

Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.
3. Threatened abortion.

Final classification of the less-than-effective indications requires further investigation.

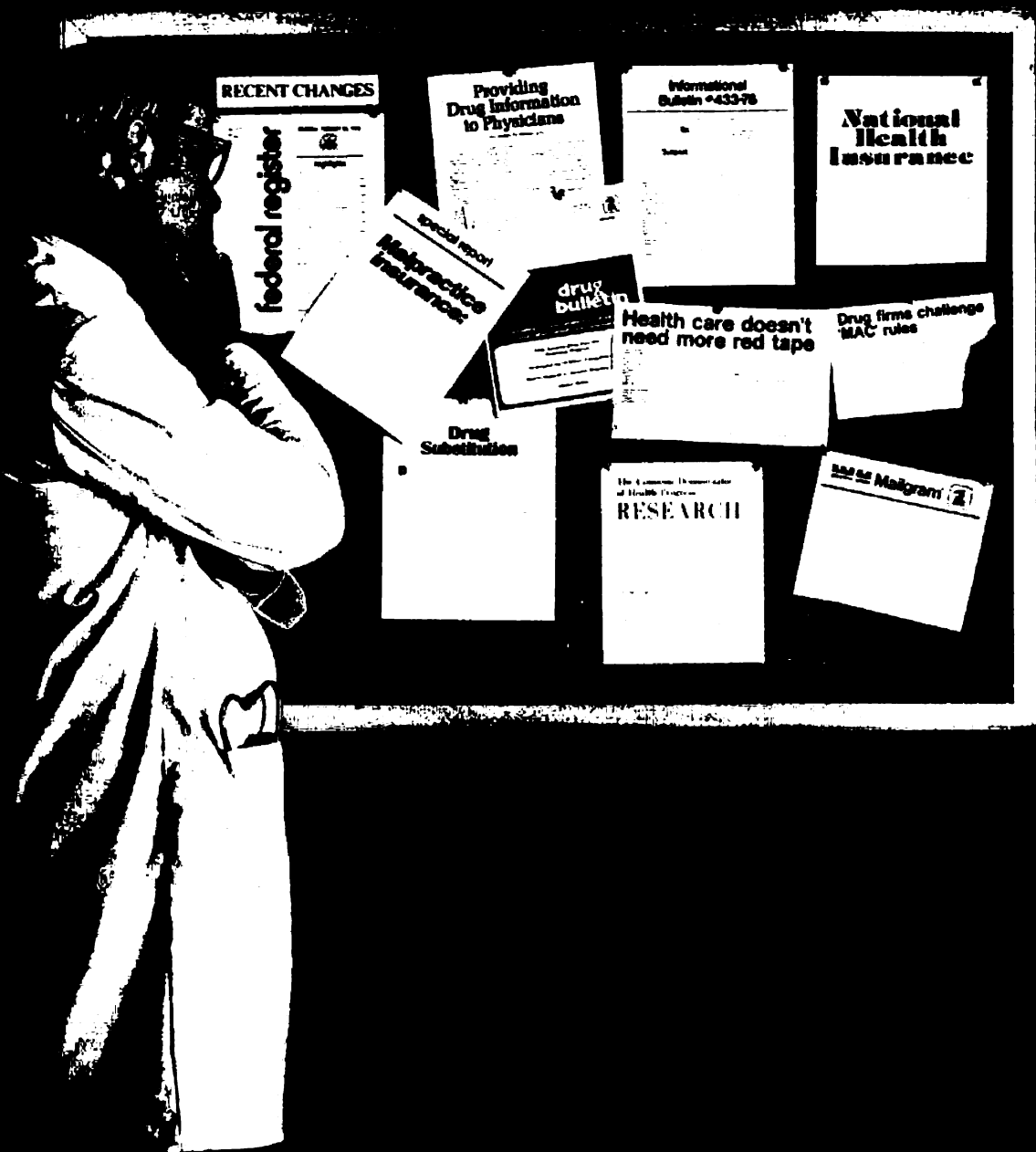
**Composition:** Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.

**Dosage and Administration:** 10 to 20 mg. three or four times daily.

**Contraindications and Cautions:** There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

**Adverse Reactions:** On rare occasions, oral administration of the drug has been associated in time with the occurrence of severe rash. When rash appears, the drug should be discontinued. Occasional overdosage effects such as transient palpitation or dizziness are usually controlled by reducing the dose.

**Supplied:** Tablets, 10 mg.—bottles of 100, 1000, 5000 and Unit Dose; 20 mg.—bottles of 100, 500, 1000, 5000 and Unit Dose.



# THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND YOUR PATIENT.

Medicine today is in the spotlight, subjected to all kinds of scrutiny. Your control over patient therapy is being monitored, judged and occasionally abrogated, sometimes by unknown third parties.

The worry is that in the wake of this focus, the relationship between you and your patient will be weakened, without offsetting benefits. Consider three examples:

**Drug substitution** In most states, pharmacy laws, regulations or professional custom stipulate that your non-generic prescriptions be filled with the precise products you prescribe. But in the last five years, a dozen or more State laws have been changed, permitting the pharmacist in most cases to select a product of the same generic drug to fill any prescription.

Ironically, this dilution of physician control has taken place against a background of growing evidence that purportedly equivalent drug products may be inequivalent, since neither present drug standards nor their enforcement are optimal. In fact, the FDA itself says it has not enforced the same standards for hundreds of "follow-on" products that it had applied to the original NDA approvals. Thus physician control over patient therapy is being eroded with a risk that patients may be exposed to drugs of uncertain quality.

The major advertised claim for substitution is reduced prescription prices for consumers. Yet no documentation of any significant savings has been produced.

**MAC** Maximum Allowable Cost, MAC for short, is Federal regulation designed to cut the Government's drug bill by setting price ceilings for drugs dispensed to Medicare and Medicaid patients. Unless the prescriber certifies on the prescription that a particular product is medically necessary, the Government intends to pay only the cost of the lowest-priced, purportedly-equivalent,

generally-available product. The effect of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right. Practicing doctors will have little to say about administration of the program, since Government will have absolute authority to make its choices stick.

**The drug lag** The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than \$1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to your patients: The cost of the research is more than ten times what it was, per product, in 1962; and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present approval process contributes to needless delay of needed therapy. That's why the increased efficiency of the drug approval process is vital to all our futures.

If these issues concern you, we suggest that you make your voice heard—among your colleagues and your representatives in State legislatures and in Washington.

It could make a difference in your practice tomorrow.



Pharmaceutical Manufacturers Association  
1155 Fifteenth Street, N.W., Washington, D.C. 20005



AND  
Western Scientific Assembly

March 4-9, 1977 • Disneyland Hotel • Anaheim

Registration opens Friday, March 4 at 7:30 a.m. in the Disneyland Hotel  
Convention Center Foyer

### APPLICATION FOR HOTEL ACCOMMODATIONS

Your reservation request should include the definite date and hour of your arrival and departure.

All suite reservations must be cleared through the CMA Convention Office, San Francisco. If you are requesting a suite, direct your requests to: CMA Convention Office, 731 Market Street, San Francisco 94103.

**Cancellations:** Please notify Disneyland Hotel Reservations Department of all cancellations.

**Changes:** All other changes are to be made directly with the hotel at all times.

#### 1977 ANNUAL SESSION • CALIFORNIA MEDICAL ASSOCIATION

Please circle desired accommodations:

##### DISNEYLAND HOTEL

|   | Garden  | Towers  |
|---|---------|---------|
| Single .....                              | \$30.00 | \$38.00 |
| Twin or Double .....                      | 34.00   | 42.00   |
| Triple or Quad .....                      | 40.00   | 48.00   |
| Suites: Sitting Room with 1 Bedroom ..... |         | 90.00   |
| Sitting Room with 2 Bedrooms .....        |         | 125.00  |

Plus 6% city tax

Parking for registered guests is \$1.00 for 24 hours.

If the rate you have requested is no longer available, the next available room category will be confirmed.

Please enclose first night's rent as deposit. Deposit can only be refunded if hotel is notified 5 days before arrival date.

Reservations will not be guaranteed if deposit is not received by February 2, 1977.

**Send to:** Disneyland Hotel Reservations  
1150 West Cerritos Avenue  
Anaheim, California 92803

Rate Requested \_\_\_\_\_

Arrival (date) \_\_\_\_\_ Hour \_\_\_\_\_ a.m. p.m. Departure (date) \_\_\_\_\_ Hour \_\_\_\_\_ a.m. p.m.

The name and address of each hotel guest must be listed. Include names and addresses of each person in a double or twin-bedded room, and names and addresses of all other persons for whom you are requesting reservations.

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_








ADDITIONAL OCCUPANTS:

\_\_\_\_\_

# In vitro susceptibility updated and still virtually unchanged

Schering

## A five-year history of pathogen susceptibility to Garamycin® (gentamicin sulfate) — 1971-1975

|  | 1971                 | 1972                  | 1973                  | 1974                  | 1975                  |
|--|----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>Gram-Negative Susceptibility</b><br>No. of Patient Isolates   | <b>98%</b><br>89,317 | <b>97%</b><br>113,473 | <b>97%</b><br>127,763 | <b>97%</b><br>150,094 | <b>97%</b><br>193,626 |
|  <i>Escherichia coli</i>   | <b>99%</b>           | <b>99%</b>            | <b>99%</b>            | <b>99%</b>            | <b>99%</b>            |
|  <i>Proteus</i> species,<br>indole-negative                     | <b>98%</b>           | <b>99%</b>            | <b>99%</b>            | <b>99%</b>            | <b>99%</b>            |
|  <i>Proteus</i> species,<br>indole-positive                    | <b>97%</b>           | <b>96%</b>            | <b>94%</b>            | <b>94%</b>            | <b>92%</b>            |
|  <i>Pseudomonas</i><br><i>aeruginosa</i>                       | <b>96%</b>           | <b>96%</b>            | <b>95%</b>            | <b>94%</b>            | <b>95%</b>            |
|  <i>Klebsiella-</i><br><i>Enterobacter-</i><br><i>Serratia</i> | <b>99%</b>           | <b>98%</b>            | <b>99%</b>            | <b>99%</b>            | <b>98%</b>            |
| <b>Staphylococcal Susceptibility</b><br>No. of Patient Isolates  | <b>97%</b><br>6,995  | <b>98%</b><br>11,109  | <b>98%</b><br>12,225  | <b>99%</b><br>18,352  | <b>99%</b><br>28,130  |
|  <i>Staphylococcus</i><br><i>aureus</i>                        | <b>97%</b>           | <b>98%</b>            | <b>98%</b>            | <b>99%</b>            | <b>99%</b>            |
|  <i>Staphylococcus</i><br><i>epidermidis</i>                   | <b>97%</b>           | <b>97%</b>            | <b>98%</b>            | <b>98%</b>            | <b>98%</b>            |

Source: PMR Bacteriologic Reports — 1971-1975

These *in vitro* data are based on results obtained from a nationwide panel of 180 acute-care hospitals of 100 beds or more. All hospitals in the audit used the Kirby-Bauer method of disc sensitivity. Data are presented in unweighted form.

*In vitro* susceptibility data are not necessarily indicative of clinical effectiveness.

See Clinical Considerations section which follows...

**Garamycin** I.M./I.V.  
gentamicin sulfate 80mg/2ml.  
injectable 40 mg / ml Each ml contains gentamicin sulfate  
equivalent to 40 mg of gentamicin

# The seven major gram-negative pathogens and *Staphylococci* remain highly susceptible...

Of the seven major gram-negative pathogens encountered in the hospital, 97 per cent remained sensitive to Garamycin *in vitro* over a five-year period; 99 per cent of *Staphylococci* remained sensitive.

**GARAMYCIN® Injectable**, brand of gentamicin sulfate, U.S.P. injection, 40 mg. per ml. Each ml. contains gentamicin sulfate, U.S.P. equivalent to 40 mg. gentamicin.  
For Parenteral Administration

## WARNING

Patients treated with GARAMYCIN Injectable should be under close clinical observation because of the potential toxicity associated with the use of this drug.

Ototoxicity, both vestibular and auditory, can occur in patients, primarily those with pre-existing renal damage, treated with GARAMYCIN Injectable usually for longer periods or with higher doses than recommended.

GARAMYCIN Injectable is potentially nephrotoxic, and this should be kept in mind when it is used in patients with pre-existing renal impairment.

Monitoring of renal and eighth nerve function is recommended during therapy of patients with known impairment of renal function. This testing is also recommended in patients with normal renal function at onset of therapy who develop evidence of nitrogen retention (increasing BUN, NPN, creatinine or oliguria). Evidence of ototoxicity requires dosage adjustments or discontinuance of the drug.

In event of overdose or toxic reactions, peritoneal dialysis or hemodialysis will aid in removal of gentamicin from the blood.

Serum concentrations should be monitored when feasible and prolonged concentrations above 12 mcg./ml. should be avoided.

Concurrent use of other nephrotoxic and/or nephrotoxic drugs, particularly streptomycin, neomycin, kanamycin, cephaloridine, viomycin, polymyxin B, and polymyxin E (colistin), should be avoided.

The concurrent use of gentamicin with potent diuretics should be avoided, since certain diuretics by themselves may cause ototoxicity. In addition, when administered intravenously, diuretics may cause a rise in gentamicin serum level and potentiate neurotoxicity.

**USAGE IN PREGNANCY** Safety for use in pregnancy has not been established.

**INDICATIONS** GARAMYCIN Injectable is indicated, with due regard for relative toxicity of antibiotics, in the treatment of serious infections caused by susceptible strains of the following microorganisms:

*Pseudomonas aeruginosa*, *Proteus* species (indole-positive and indole-negative), *Escherichia coli* and *Klebsiella Enterobacter-Serratia* species.

Clinical studies have shown GARAMYCIN Injectable to be effective in septicemia and serious infections of the central nervous system (meningitis), urinary tract, respiratory tract, gastrointestinal tract, skin and soft tissue (including burns).

Bacteriologic tests to determine the causative organisms and their susceptibility to gentamicin should be performed.

Bacterial resistance to gentamicin develops slowly in stepwise fashion; there have been no one-step mutations to high resistance.

In suspected or documented gram-negative sepsis, GARAMYCIN may be considered as initial therapy. The decision to continue therapy with this drug should be based on the results of susceptibility tests, the severity of the infection, and the important additional concepts contained in the Warning Box.

For suspected sepsis when the infecting organism is unknown, gentamicin may be administered in conjunction with a penicillin type drug. Following identification of the organism and its susceptibility, appropriate antibiotic therapy should then be continued. In the neonate with suspected sepsis or staphylococcal pneumonia, a penicillin type drug is also usually indicated as concomitant therapy with gentamicin.

GARAMYCIN Injectable has been shown to be effective in serious staphylococcal infections. It may be considered in those infections when penicillins or other less potentially toxic drugs are contraindicated and bacterial susceptibility testing and clinical judgment indicate its use.

**CONTRAINDICATIONS** A history of hypersensitivity to gentamicin is a contraindication to its use.

**WARNINGS** See Warning Box.

**PRECAUTIONS** Neuromuscular blockade and respiratory paralysis have been reported in the cat receiving high doses (40 mg./kg.) of gentamicin. The possibility of these phenomena occurring in man should be considered if gentamicin is administered to patients receiving neuromuscular blocking agents, such as succinylcholine and tubocurarine.

Treatment with gentamicin may result in overgrowth of nonsusceptible organisms. If this occurs, appropriate therapy is indicated.

## ADVERSE REACTIONS:

**Nephrotoxicity:** Adverse renal effects, as demonstrated by rising BUN, NPN, serum creatinine and oliguria, have been reported. They occur more frequently in patients with a history of renal impairment treated with larger than recommended dosage.

**Neurotoxicity:** Adverse effects on both vestibular and auditory branches of the eighth nerve have been reported in patients on high dosage and/or prolonged therapy. Symptoms include dizziness, vertigo, tinnitus, roaring in the ears and hearing loss.

Numbness, skin tingling, muscle twitching, and convulsions have also been reported.

**Note:** The risk of toxic reactions is low in patients with normal renal function who do not receive GARAMYCIN Injectable at higher doses or for longer periods of time than recommended.

Other reported adverse reactions, possibly related to gentamicin, include increased serum transaminase (SGOT, SGPT), increased serum bilirubin, transient hepatomegaly, decreased serum calcium, splenomegaly, anemia, increased and decreased reticulocyte counts, granulocytopenia, agranulocytosis, thrombocytopenia, purpura, fever, rash, itching, urticaria, generalized burning, joint pain, laryngeal edema, nausea, vomiting, headache, increased salivation, lethargy and decreased appetite, weight loss, pulmonary fibrosis, hypotension and hypertension.

## DOSAGE AND ADMINISTRATION

GARAMYCIN Injectable may be given intramuscularly or intravenously.

### For Intramuscular Administration:

**Patients with normal renal function:**  
**Adults:** The recommended dosage for GARAMYCIN Injectable for patients with serious infections and normal renal function is 3 mg./kg./day, administered in three equal doses every 8 hours.

For patients weighing over 60 kg. (132 lb.), the usual dosage is 80 mg. (2 ml.) three times daily. For patients weighing 60 kg. (132 lb.) or less, the usual dosage is 60 mg. (1.5 ml.) three times daily.

In patients with life-threatening infections, dosages up to 5 mg./kg./day may be administered in three or four equal doses. This dosage should be reduced to 3 mg./kg./day as soon as clinically indicated.

**In children and infants, the newborn, and patients with impaired renal function, dosage must be adjusted in accordance with instructions set forth in the Package Insert.**

### For Intravenous Administration:

The intravenous administration of GARAMYCIN Injectable is recommended in those circumstances when the intramuscular route is not feasible (e.g., patients in shock, with hematologic disorders, with severe burns, or with reduced muscle mass).

For intravenous administration in adults, a single dose of GARAMYCIN Injectable may be diluted in 100 or 200 ml. of sterile normal saline or in a sterile solution of dextrose 5% in water, in infants and children, the volume of diluent should be less. The concentration of gentamicin in solution in both instances should normally not exceed 1 mg./ml. (0.1%). The solution is infused over a period of one to two hours.

The recommended dose for intravenous administration is identical to that recommended for intramuscular use.

GARAMYCIN Injectable should not be physically premixed with other drugs, but should be administered separately in accordance with the recommended route of administration and dosage schedule.

**HOW SUPPLIED** GARAMYCIN Injectable, 40 mg. per ml., is supplied in 2 ml. (80 mg.) multiple-dose vials and in 1.5 ml. (60 mg.) and 2 ml. (80 mg.) disposable syringes for parenteral administration.

Also available, GARAMYCIN Pediatric Injectable, 10 mg. per ml., supplied in 2 ml. (20 mg.) multiple-dose vials for parenteral administration.

011

JUNE 1975  
AHFS Category 8:12.28

For more complete prescribing details, consult Package Insert or Physicians' Desk Reference. Schering literature is also available from your Schering Representative or Professional Services Department, Schering Corporation, Kenilworth, New Jersey 07033.

**Garamycin® I.M./I.V.**  
**gentamicin sulfate 80mg/2mL**  
**injectable** 40 mg./ml. Each ml. contains gentamicin sulfate equivalent to 40 mg. of gentamicin

# What to do when your patient feels robbed of milk, cream and saturated fat.

## Offer a reward.



Mocha Mix. To satisfy mouth hunger, the love of richness. But not just another non-dairy creamer. Because non-dairy does not always mean low-saturate. And some creamers can subvert an unsuspecting patient on a fat-restricted diet. Mocha Mix, however, has the lowest ratio of unsaturated to saturated fat of any creamer, powdered or liquid—easily exceeding the accepted standard 2:1 ratio. It's 100% milk free. 100% cholesterol free. And tastes like a splash of luxury in coffee, on cereal, fruit, dessert, even in cooking. If you must deprive your patient, add a reward for good behavior. Mocha Mix.

### MOCHA MIX DATA SHEET

|                                     |         |
|-------------------------------------|---------|
| Portion Size 1 Fluid Ounce (2 Tbs.) |         |
| Servings per container              | 16      |
| Calories                            | 40      |
| Protein                             | 0 grams |
| Carbohydrate                        | 3 grams |
| Fat                                 | 3 grams |
| Percent of Calories from Fat        | 73%     |
| Polyunsaturated Fat                 | 1 gram  |
| Saturated Fat                       | 0 grams |
| Cholesterol                         | 0       |

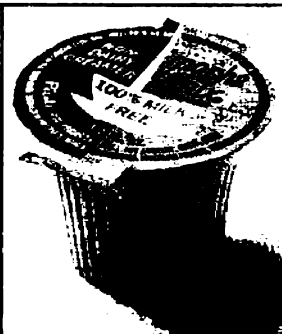
(Percentage of U.S. Recommended Daily Allowances (U.S., RDA)\*)

\*Contains less than 2% of the U.S. RDA of Protein, Vitamin A, Vitamin C, Thiamine, Riboflavin, Niacin, Calcium, Iron.

In addition to the pint and quart size found in the dairy case of most grocery stores, Mocha Mix is available in 4 ounce and ½ oz. portion packs for hospitals and institutions.

Interested? Send us a note and we will send you a supply of coupons your patients can redeem at their grocers. Hospital service may also be supplied upon request. Mail to:

Mocha Mix Dept. Presto Food Products, Inc.  
P.O. Box No. 21908, Los Angeles, Calif. 90021



***mocha mix***® ...the non-dairy creamer that's lowest in saturated fat.

**contains no aspirin**

tablets  
**Darvocet-N® 100**

100 mg. Darvon-N® (propoxyphene napsylate)  
650 mg. acetaminophen

**100**



*Additional information available  
to the profession on request*  
Eli Lilly and Company, Inc.  
Indianapolis, Indiana 46206

700043

# Famous Fighters



## NEOSPORIN® Ointment (polymyxin B-bacitracin-neomycin) is a famous fighter, too.

Provides overlapping, broad-spectrum antibacterial action to help combat infection caused by common susceptible pathogens (including staph and strep).

Each gram contains: Aerosporin® brand Polymyxin B Sulfate 5,000 units; zinc bacitracin 400 units; neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base); special white petrolatum qs in tubes of 1 oz and 1/2 oz and 1/32 oz (approx.) foil packets.

**INDICATIONS:** Therapeutically (as an adjunct to systemic therapy when indicated) for topical infections, primary or secondary, due to susceptible organisms, as in: • infected burns, skin grafts, surgical incisions, otitis externa • primary pyoderma (impetigo, ecthyma, sycosis vulgaris, paronychia) • secondarily infected dermatoses (eczema, herpes, and seborrheic dermatitis) • traumatic lesions, inflamed or suppurating as a result of bacterial infection.

**Prophylactically,** the ointment may be used to prevent bacterial contamination in burns, skin grafts, incisions, and other clean lesions. For abrasions, minor cuts and wounds accidentally incurred, its use may prevent the development of infection and permit wound healing. **CONTRAINDICATIONS:** Not for use in the eyes or external ear canal if the eardrum is perforated. This product is contraindicated in those individuals who have shown hypersensitivity to any of the components.

**WARNING:** Because of the potential hazard of nephrotoxicity and ototoxicity due to



neomycin, care should be exercised when using this product in treating extensive burns, trophic ulceration and other extensive conditions where absorption of neomycin is possible. In burns where more than 20 percent of the body surface is affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended. **PRECAUTIONS:** As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs. **ADVERSE REACTIONS:** Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Ototoxicity and nephrotoxicity have been reported (see Warning section).

Complete literature available on request from Professional Services Dept. PML.



Burroughs Wellcome Co.  
Research Triangle Park  
North Carolina 27709



# Disability Insurance

This new CMA plan, underwritten by Mutual of New York, provides up to \$2,500 monthly income should you fall mountain climbing or suffer some other disabling accident or sickness.

Rates are lower than in the previous plan and particularly attractive for those under age 50.

Phone or write for details.

CMA Insurance Dept.

**Marsh &  
McLennan**

Three Embarcadero Center • P.O. Box 3880 • San Francisco 94119 • 415 956-3066

**Special Note:** Members previously covered by Lumbermens Mutual were transferred to the new plan on December 1. Invoices were mailed last month. If you enrolled in the plan in the last 18 months or made a change in coverage not reflected in your invoice, please let us know.



## Natural balance doesn't always come naturally

Big Balanced Rock, Chiricahua Mountains, Arizona (approx. 1,000 ft.)

■ **Most Widely Prescribed**—Antivert is the most widely prescribed agent for the management of vertigo\* associated with diseases affecting the vestibular system such as Menière's disease, labyrinthitis, and vestibular neuronitis.

■ **Relief of Nausea and Vomiting**—Antivert/25 can relieve the nausea and vomiting often associated with vertigo\*.

■ **Dosage for Vertigo\***—The usual adult dosage for Antivert/25 is one tablet t.i.d.

#### BRIEF SUMMARY OF PRESCRIBING INFORMATION

\*INDICATIONS. Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

*Effective:* Management of nausea and vomiting and dizziness associated with motion sickness.

*Possibly Effective:* Management of vertigo associated with diseases affecting the vestibular system.

Final classification of the less than effective indications requires further investigation.

**CONTRAINDICATIONS.** Administration of Antivert (meclizine HCl) during pregnancy or to women who may become pregnant is contraindicated in view of the teratogenic effect of the drug in rats.

The administration of meclizine to pregnant rats during the 12-15 day of gestation has produced cleft palate in the offspring. Limited studies using doses of over 100 mg/kg/day in rabbits and 10 mg/kg/day in pigs and monkeys did not show cleft palate. Congeners of meclizine have caused cleft palate in species other than the rat.

Meclizine HCl is contraindicated in individuals who have shown a previous hypersensitivity to it.

**WARNINGS.** Since drowsiness may, on occasion, occur with use of this drug, patients should be warned of this possibility and cautioned against driving a car or operating dangerous machinery.

*Usage in Children:* Clinical studies establishing safety and effectiveness in children have not been done; therefore, usage is not recommended in the pediatric age group.

*Usage in Pregnancy:* See "Contraindications."

**ADVERSE REACTIONS.** Drowsiness, dry mouth and, on rare occasions, blurred vision have been reported.

More detailed professional information available on request.

**ROERIG**  
A division of Pfizer Pharmaceuticals  
New York, New York 10017

**Antivert<sup>®</sup>/25**   
(meclizine HCl) 25 mg. Tablets  
**for vertigo\***

20  
50  
**H**

20  
100  
**E A R**

20  
70  
**I N G I S**

20  
50  
**A S P R E C I O U S**

20  
40  
**A S S I G H T H A V E**

20  
30  
**Y O U H A D Y O U R H E A R I N G**

20  
20  
**T E S T E D L A T E L Y A S I M P L Y**

20  
15  
**C O M F O R T A B L E H E A R I N G**

20  
10  
**I N V E S T M E N T O F A F E W M I N U T E S**

Hearing losses are among the most consistently neglected health problems. Many people with them won't even admit it to themselves, let alone others. A little encouragement may start them thinking about themselves more realistically.

That's why we're offering you the poster shown here. You can hang it on the wall or stand it on a small table. It comes with booklets called "As precious as sight" that give your patients some basic facts about auditory testing and hearing losses and how easy they are to correct in many cases.

Write to us for your free poster and booklets. They just might help you to help some patients who aren't hearing as well as they used to. Even those who ordinarily wouldn't hear of it.

Professional Relations Division, Beltone Electronics Corporation  
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**Beltone**  
WHEN A HEARING  
AID WILL HELP